New England Deaconess Hospital
Boston, Massachusetts

pulse

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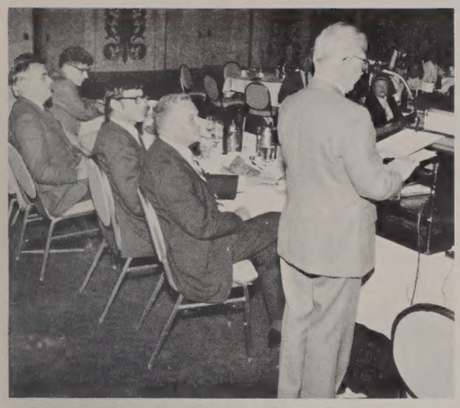
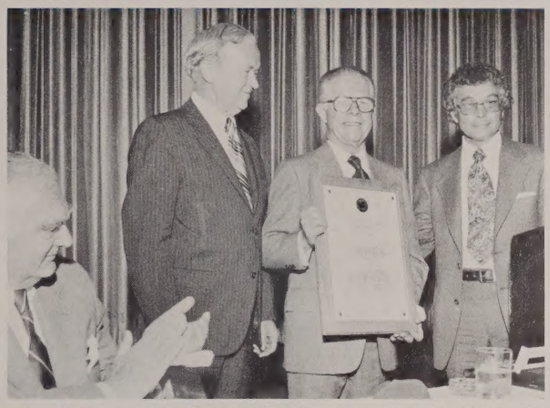


Retiring Executive Vice President R. D. Lowry expresses his warm and heartfelt thanks to the people in attendance and to all the groups represented by them at his retirement party at the Sheraton Boston. Shown to Mr. Lowry's left are Laurens MacLure, president; C. Vincent Vappi, chairman of the board; Richard E. Lee, director; Robert P. Simmons, executive director, St. Luke's Hospital, New Bedford (behind Mr. Lee); and, Charles K. Spauling, assistant director of engineering and maintenance.



Mr. Lowry proudly displays the plaque presented to him by Dr. William A. Meissner (l.) and Dr. C. Burns Roehrig (r.) on behalf of the Medical Administrative Board and the Board of Trustees naming him an honorary member of the medical staff. He was deeply honored by this magnanimous gesture on the part of the Board members. Applauding at the far left is Henry C. Meadow, Associate Dean for Administration, Harvard Medical School.

Mr. Lowry receives a congratulatory hug from his granddaughter, Kristin, while two other grandchildren, Ben and Penny, and his daughter-in-law, Carol, wait their turns.

Mr. Lowry honored by 300 at retirement dinner

How do you say farewell to a man who has been such a vital part of the Deaconess for 30 years? Executive Vice President R. D. Lowry has been instrumental in the hospital's expansion to a 471-bed institution and has seen that the quality of care has kept pace. He helped break ground in 1950 for the Central Building and was there to see six more floors added 15 years later, when it was renamed the Farr Building. He watched the Cancer Research Institute, the Arthur T. Dooley Chapel and Shields Warren Radiation Laboratory go up, and he played an important part in developing the Diabetes Treatment Unit at the Joslin Clinic. Now as he leaves, the William A. Meissner Laboratory is opening and the new facility for the School of Nursing is being constructed.

But Mr. Lowry made sure that the Deaconess wasn't seen only as a complex of buildings but rather as a building of complex people. When he came to the hospital 30 years ago, he was able to get to know the employees by name. Although the Deaconess now employs over 2000 people, Mr. Lowry is still familiar to many as a warm and friendly administrator who is concerned with employees as individuals.

It is difficult to say goodbye to Mr. Lowry, but on Friday, November 21 over 300 people gathered for dinner at the Sheraton Boston Hotel to try to do just that and to pay tribute to him for all he has accomplished.

A number of events highlighted the evening for Mr. Lowry. Among them was the presence of his three sons and their families – Don, an attorney from Portland, Me.; David of Dover, Mass., a principal in the Westwood school system; and Steven, a 1st Class Petty Officer teaching advanced courses in the Navy School of Music at Virginia Beach, Va. Four of his nine grandchildren were present for the gala occasion, Kristin and Ben from Maine and Rickey and Penny of Dover.

Mr. Laurens MacLure, president of the hospital and successor to Mr. Lowry, announced to the gathering that the medical office building known as 110 Francis Street has been formally designated by the Executive Committee of the Board of Trustees as "The R. D. Lowry Medical Office Building." Mr. Lowry had been instrumental in the original planning of the facility and in presenting the idea to the Board of Trustees back in the early '60's. His office has been located in the building since 1967.

Dr. William A. Meissner and Dr. C. Burns Roehrig, president of the medical staff, presented Mr. Lowry with a plaque naming him an honorary member of the medical staff in appreciation for his cooperation and his consideration of their needs over the years. Mrs. Lauriston Ward, Jr., know-

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The Russians come to RDMG

Listening to an explanation of American medicine are Russian doctors: (l.-r.) Vitaly Guzhevsky, Vasily Prokofiev, and Antonina Tentsova.

The Roxbury Dental and Medical Group played a part in "medical detente" on November 17 when it was visited by four members of a health care team from the USSR. The eight Russians were in the United States for two weeks as part of a nongovernmental Soviet-American exchange program focusing on problems of health care delivery. Organized by the New York-based Citizens Exchange Group, a private group founded in 1962 to promote communication between citizens of the two countries, and the Institute for Soviet-American Relations in Moscow, the Russians were returning a visit made during the summer by a group of Americans which included six doctors, two hospital administrators, and one nurse. Dr. Randolph B. Reinhold, NEDH director of community medicine and director of RDMG, was part of this group.

The Russians began their day in Boston at Harvard Medical School by listening to explanations of the dif-

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The Russians come to RDMG . . .

(Continued from page 1)

ferent health care delivery systems in the United States. Drs. Alexei Georgievich Safonov, deputy minister of public health; Vladimir Ivanovich Petrov, rector (dean) and surgeon at the First Moscow Medical Institute Hospital; Leonid Andreevich Vorokhobov, children's surgeon and head of the Moscow City Public Health Department; and Vladimir Andreevich Karabanov, radiologist and head doctor of the Kislovodsk Sanatorium, went to the Harvard Community Health Plan in Cambridge.

Drs. Vasily Romanovich Prokofiev, surgeon and head of the Leningrad City Public Health Department; Antonina Ivanovna Tentsova, director of the Central Pharmacy Institute, Ministry of Public Health; Vitaly Nikolayevich Guzhevsky, therapeutist and dean of the Advanced Studies Faculty, Medical Refresher Department of the Dnepropetrovsk Medical Institute; and Olga Vasilievna Grinina, professor of social hygiene and public health at the Second Moscow Medical Institite; went to the Roxbury Medical and Dental Group.

Dr. Reinhold said that the staff does not make many home visits. The diagnostic equipment needed is at the clinic and the patient comes there. No patients stay overnight. Many medical problems can be treated at the clinic, but if hospitalization is needed, the patient is referred to one of the affiliated hospitals, such as the New England Deaconess Hospital.

"The patient who comes here for care can also go elsewhere," Dr. Reinhold continued. "Most medical care in the United States is like this. Patients can go wherever they want, whenever they want care."

However, in health maintenance organizations such as the Harvard Community Health Plan and the Kaiser-Permanente Foundation Health Plan and Hospital in California, patients receive all their care at these centers and their affiliated hospitals.

The focal point of the American health care delivery system is the individual physician, who may choose to be in private practice, work in small groups such as RDMG, or be part of enormous health maintenance organizations such as the Kaiser-Permanente Foundation Health Plan and Hospital.

The Russian doctors saw how these various systems worked as they toured the United States. They visited a small hospital in Newburyport, Massachusetts, as an example of a community hospital outside the metropolitan area; outreach medical centers in Hanover, New Hampshire; the Kaiser-Permanente Health Plan and Hospital in California; the Mayo Clinic and University of Minnesota Medical School in Minnesota; and large medical complexes such as the Montefiore Hospital in New York City before departing for the USSR.

When members of a health care team from Russia visited the Roxbury Dental and Medical Group in November, they were given a tour of the clinic by Dr. Randolph B. Reinhold, director of RDMG and director of community medicine at NEDH.

A Russian translater and RDMG staff member explain the equipment at RDMG to Russian doctors: (l.-r.) Antonia Tentsova, Vasily Prokofiev, and Olga Grinina.

Before giving the Russians a tour of RDMG, Dr. Randolph B. Reinhold explained that it is one of a large group of neighborhood health centers which have formed in the United States in response to the need for doctors in urban areas. Similar to the USSR, the United States has difficulty encouraging doctors to work in the inner city as well as in isolated, rural areas.

The Soviet doctors questioned the hours the clinic was open, the number of patients seen per day, the salaries of the staff, and the cost of a visit and laboratory tests.

"No one is refused health care because of the inability to pay," said Dr. Reinhold. "The government pays the medical costs for two/thirds of our patients, while the other patients have medical insurance or pay for their own care. The average American is covered by some form of insurance."

DR. REINHOLD GOES TO RUSSIA

During the summer a group of eight American health professionals, four from Boston, visited the USSR for two weeks to observe, firsthand, the Russian health care delivery system. Dr. Reinhold joined Dr. Joseph L. Dorsey, director of the Harvard Community Health Plan; Anne K. Kibrick, Ed.D., R.N., professor and chairman of the department of nursing at Boston State College; Stephen J. Miller, Ph.D., Associate Dean and Associate Professor of Social and Preventive Medicine at Harvard Medical School and vice president of the Affiliated Hospitals Center; Dr. Edward W. Ciriacy, professor and chairman of the department of family practice and community health at the University of Minnesota Medical School; Everett V. Fox, M.B.A., vice president and administrator of New York University Hospital; Dr. Sidney R. Garfield, founder and medical director of the Kaiser-Permanente Foundation Health Plan and Hospital; and Dr. Dean J. Seibert, associate dean for regional medical affairs and acting chairman of the department of community medicine at Dartmouth Medical School. Dr. Leonard W. Cronkhite, Jr., president and senior associate in medicine at Children's Hospital Medical Center was the chairman of the American health care team but was unable to go to the USSR. The tour was sponsored by the Citizens Exchange Group.

On November 14 Dr. Reinhold presented slides of his trip to Russia to Deaconess employees and staff. After giving the audience a glimpse of Soviet life, Dr. Reinhold compared the Russian health care delivery system to that of the United States. "Russia is a society of traditions that don't change easily. They are behind us in 1975, but they are quickly catching up."

Dr. Reinhold characterized the Russian medical care system as "equipment shy, but people rich." There is an elaborate system of home care, and doctors are expected to make house calls. All doctors are on a salary. Seventy-five percent of the Russian doctors are women, but only ten percent of these women hold administrative positions.

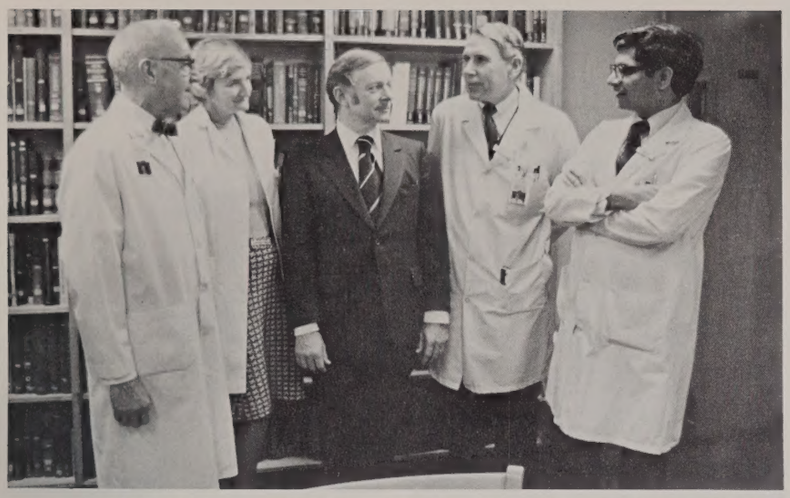
The USSR Ministry of Health organizes and administers the entire health care delivery system for 300 million people. Every aspect of care is paid for by the state with the exception of prescription drugs, which patients are expected to pay for themselves. In the drug store medicines are not advertised and there is no competitive pricing. Also paid for by the state are health spas maintained for workers to indulge in rest and relaxation.

Clinics are geographically based. Persons with medical complaints go to the clinic nearest their homes. Patients with specialized problems, such as tumors or heart disease, are referred to polyclinics where specialists are available.

In the clinic Dr. Reinhold visited the X-ray equipment was outdated and the technicians were not protected from the radiation. The laboratory, compared to United States standards, was obsolete. In the referral center the obstetric ward for high risk pregnancies was open and airy. The operating room had radiational cooling and windows.

Although the facilities may have been lacking in the clinics, Dr. Reinhold found the Soviet system for delivering emergency medical care much more efficient and organized than that of the United States. Ambulances are manned by physicians, two physician assistants, and a driver. There are specialty ambulances for specific problems, such as a heart attack or automobile accident. The response is fast and competent.

It appears that the two countries have a lot to learn for each other. The swift and skilled emergency care delivered by the Russians could set the example for the United States, while the Russians can learn from the specialized medical care given in American clinics and hospitals.



Dr. Dwight W. Lambe, Jr., associate professor of pathology at Emory University, (center) is flanked by Deaconess pathologists: (l.-r.) Drs. David Skinner, Randi V. Rosvoll, Bradley E. Copeland, and Khalid M. Butt, after his presentation on anaerobic bacteriology at a pathology conference held December 3.

Dr. Lambe lectures on anaerobic bacteriology

Dr. Dwight W. Lambe, Jr., associate professor of pathology and allied health at Emory University and formerly associated with the Center for Disease Control, Atlanta, discussed aspects of anaerobic bacteriology at a pathology conference held December 3. Over 50 members and guests of the pathology department heard Dr. Lambe explain these microorganisms that live and grow only in the complete, or almost complete, absence of molecular oxygen. He focused on their roles in infectious diseases.

Several years ago, when Dr. Lambe was asked to look at wound abscesses for the presence of anaerobes, he and Dr. Randi V. Rosvoll, now an NEDH pathologist, set up an anaerobic bacteriology laboratory at Emory University. Since 1968 thousands of anaerobes have been cultured from clinical specimens such as wounds, abscesses, and certain fluids. Dr. Lambe has been investigating the clinical significance of this discovery.

Dr. Lambe explained that only certain specimens should be cultured. A culture should be made when the patient is very sick, is not responding to therapy, and has a wound more than four hours old.

In the pathology laboratory at Emory University, wounds are routinely cultured, with the exception of fresh wounds in which anaerobes would not have had time to grow. Specimens from the throat, urine, feces, mouth, and vaginal areas are not cultured routinely as many of these areas contain anaerobes as part of their normal flora.

"Success with obtaining growth of anaerobes depends on the method with which you handle the specimens," said Dr. Lambe. "Culture only certain specimens and do it within 20 minutes after collection on freshly prepared media. Culture the specimen for a minimum of ten days because some anaerobes grow slowly."

Dr. Lambe discussed the various groups of anaerobes and their importance in infectious diseases.

Bacteroides are the most commonly found anaerobes in the hospital and have been found to cause infections. Bacteroides are normal flora of the mouth and large bowel. Seventy-five percent of Bacteroides belong to the subspecies *Bacteroides fragilis* and are responsible for septic abortions, soft tissue infections, infected pilonidal cysts, liver abscesses, and infections of other abdominal organs. Joint infections can also occur. *Bacteroides fragilis* cause 85 percent of all anaerobic septicemias which are characterized by fever, systemic toxicity, and jaundice.

Bacteroides melaninogenicus is another large subspecies of Bacteroides and are found in the mouth, intestines, and external genitalia. They are involved in soft tissue infections, osteomyelitis, periodontal disease, oral-facial infections, and neck wounds.

While most Bacteroides are resistant to penicillin, *Bacteroides melaninogenicus* is sensitive to penicillin.

The anaerobes Clostridia produce several types of fatal infections, such as tetanus, food poisoning, and gas gangrene. Normal inhabitants of the intestines, they can be very pathogenic and can produce a stormy sepsis. One strain is associated with malignancy, especially leukemia.

Fusobacteria are normal flora in the mouth and large bowel. These anaerobes are found in respiratory infections.

There are various strains of anaerobic Cocci. Normally found in the upper respiratory, gastrointestinal, and genitourinary tracts, these anaerobes can cause a variety of infections.

Dr. Lambe concluded his discussion by reminding the audience that anaerobes can be cultured by following a few guidelines: the correct specimen must be collected, from deep in the wound, not from the surface; pus or fluid is much preferred over a swab; submit the culture within 20 minutes; use fresh media and keep the plates for 10 days.

Three honorary trustees named at annual meeting

At the annual meeting of the Corporation of the New England Deaconess Hospital held on Friday, November 21, James T. Mountz, Amelia Peabody, and Henry S. Rogerson were named Honorary Trustees after many years of loyal service. Mr. Mountz joined the Corporation in 1952 and has served as clerk since 1964; Miss Peabody has been an active and generous member of the corporation for 18 years; and Mr. Rogerson, a corporator since 1934, retired two years ago as the hospital's treasurer after serving for 17 years in that capacity.

In accordance with new bylaws recently adopted at a special meeting of the corporation in September, only four persons were re-elected to the Trustee Class of 1980. They are: William Frothingham, Jr.; John D. Hamilton, Jr.; Bruce Harriman; and, C. Vincent Vappi. Because of the need for a more active role on the part of Trustees who are held legally accountable for the hospital's actions, the new bylaws involve a gradual reduction through attrition from a Board of Trustees of 51 members to an eventual Board of 21 members, six of whom would be ex officio and 15 elected from and by the corporation. The clerk does not have to be a Trustee. The Trustee meetings are now held monthly and the terms of office for primary officers limited to five successive years with re-election possible after an interval of not less than one year. The current officers of the NEDH Corporation are: C. Vincent Vappi, chairman of the Board; James F. Farr, and Colby Hewitt, Jr., vice chairmen; Laurens MacLure, president; F. Thayer Sanderson, treasurer; and, George M. Hughes, clerk.

Be a blood donor

January is National Volunteer Blood Donor Month. Be a volunteer. Visit the blood bank on Deaconess 3. The donation of just one pint of blood is a life-giving gesture cherished by the recipients and their families.

Mrs. Gately retires from building services

It was labelled a retirement party, but it could have been a birthday celebration. Edith Gately looked much younger than her 65 years, and she did not look like she was retiring. She was full of energy as she greeted her friends from the hospital at a party at Harris Hall on December 8.

Mrs. Gately joined building services 10 years ago, starting as a service-woman on Baker 4. She spent seven years on that floor and the last three years on Farr 2 in the X-ray department.

Building services showed how much they appreciated her by presenting her with a set of luggage. Members of the X-ray department gave her a watch necklace.

Now that Mrs. Gately is retiring she plans to spend more time with her husband Richard, a maintenance man in a nursing home. They may be using her new luggage shortly to visit her daughter Edith in New Jersey or her son Jimmy in California. Mrs. Gately loves to travel. She also likes to socialize and intends to join a senior citizens group in Brookline.

Edith Gately, building services, is escorted to her retirement party by: (l.-r.) Joseph E. Doherty, manager of building services; Dorothy Almon (wearing building services uniform), building services; and Peter Dalton, assistant manager of building services.

The Deaconess at Christmas

Deck the Halls of Farr 11.

Santa and Friend.

Dashing through the Snow.

Good Boys and Girls tell Secrets to Santa.

Caroling for Patients and Visitors.

A Sleigh Ride at the Employee Christmas Party.

Friends of the Deaconess School of Nursing Annual Christmas Bazaar.

Friends Open House.

Dr. Sheffer discusses immunology of sarcoidosis

Dr. Albert L. Sheffer, allergy and clinical immunology, discussed the immunology of sarcoidosis on October 31 at the second in a series of medical luncheon conferences for medical residents sponsored by the NEDH medical house officer alumni association.

Sarcoidosis is a chronic condition characterized by persistent tuberculosis-like inflammation of the involved tissues. Lungs, lymph nodes, eyes, skin, liver, and spleen are most often affected, but almost any tissue or organ may be involved.

"For a long time it was felt that sarcoidosis was some form of tuberculosis," said Dr. Sheffer. "However, patients have responded to corticosteroid rugs, which invariably aggravate tuberculosis. It is difficult to demonstrate tubercle bacilli was in any of the involved tissues."

In 1923 it was observed that two of three patients with sarcoidosis failed to develop reactions to skin testing with tuberculin. This observation at a time when nearly all individuals reacted to tuberculin was critical. In recent studies, Dr. Sheffer and Dr. Ross Rocklin noted that nearly 75 percent of sarcoidosis patients tested responded to the streptococcal derived antigen SK-SD. This suggested strong stimulation may induce a response in sarcoid sufferers. These studies were part of an examination of the in vitro response of sarcoidosis white blood cells. In a few instances it was noted that the anergy was incomplete. The cells underwent immunologic response in vitro in spite of a negative skin test.

Such studies pertinent to the cellular response of patients with sarcoidosis were initiated at the Cancer Research Institute in 1962. At the CRI Dr. Sheffer continued studies of experimentally induced granulomas in guinea pigs using tubercle bacilli. Initiated at the Rockefeller University by Dr. Merrill Chase, such studies provided an actual model for sarcoidosis.

Cortisone-like medicines can alleviate symptoms and produce suppression of active inflammation. The effects of treatment, as well as cause and prevention, are still being studied.

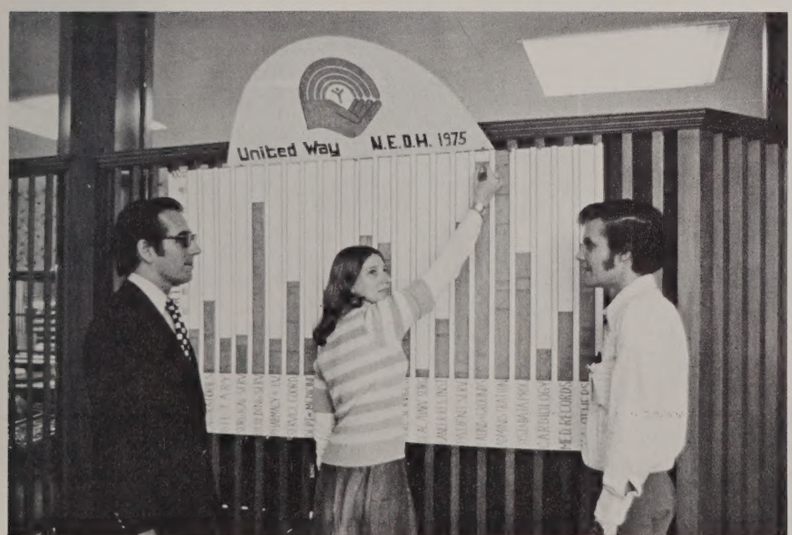
Alpha Credit Union holds annual meeting

At the 34th annual meeting of the Alpha Credit Union held on November 25, President William Wambolt, associate controller, reported that the credit union could now grant unsecured loans of up to $1000 on a single signature subject to the discretion of the credit committee.

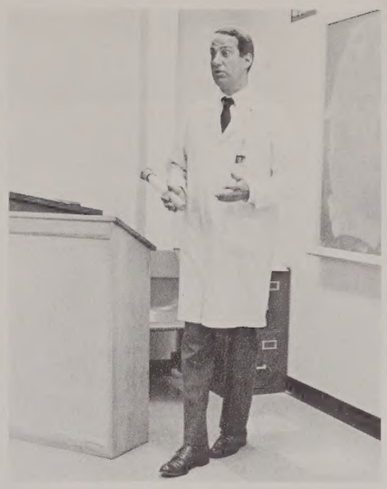
Treasurer Stanley Paxton, assistant controller, said that total assets for the fiscal year ending October 31, 1975 were $935,982.47, which is $235,000 over last year. Loans to members increased $184,000 over last year.

A bylaw amendment was passed which insured the board of directors against any liability incurred by them arising out of their status as officers of the Alpha Credit Union.

At the conclusion of the meeting five new directors of the 1827-member credit union were nominated. They were Marjorie Pond, manager of service coordination; Philip Pacella, assistant chief of pharmacy; Peter Dalton, assistant manager of building services; William E. Branson, manager of patient services; and Warren Hunt, director of patient accounts and purchasing at Lahey Clinic.



DEACONESS DONATES TO UNITED WAY. *As Ed Gomez, supervisor in laundry, and David F. Lilley, administrative assistant, look on, Marilyn Lasek, unit secretary who designed the United Way poster in the cafeteria, marks 96 percent participation for the laundry and building and grounds department. United Way Coordinator David F. Lilley reported that gifts received represented a 50 percent improvement over last year. Nine departments had 100 percent participation; building services had 82 percent; and patient services had 68 percent. Mr. Lilley credited the high percentages to the enthusiastic people in each department who were responsible for collecting the hospital's fair share.*



Dr. Albert L. Sheffer

Employees in action . . .

William E. Branson, manager of patient services, was elected president of the Massachusetts Association of Patient Account Managers at its annual meeting on November 20 in Framingham. Mr. Branson had previously served two years as treasurer of the organization, which meets monthly to discuss current collection problems.

Peter Campisano, assistant director, discussed the four-day work week at a meeting of the Society of Advancement of Management on October 9 in Boston.

Connie Donovan, R.N., clinical nurse specialist, participated in a national invitational conference, "Issues in Evaluation Research," sponsored by the American Nurses Association on December 10-12 in Tucson, Arizona.

At a recent meeting of the Massachusetts Nursing Association, District V, in Boston, **Lois Preston,** R.N., associate director of nursing service, was awarded a ruby encircled A.N.A. pin in recognition of her four years as president. At the same meeting **Ann Hurley,** R.N., nursing care coordinator, was elected second vice-president and delegate-at-large for Massachusetts to the American Nurses Association convention in 1976.

Charles K. Spalding, assistant director of maintenance and engineering, focused on the 85 fire safety codes pertaining to hospitals at a safety seminar sponsored by the Massachusetts Hospital Association and held December 3 in Newton. Mr. Spalding is technical advisor to the association's safety committee.

Francis A. Tenore, manager of security, chairman of the subcommittee on fire and security for the Massachusetts Hospital Association, discussed the increased security precautions at urban hospitals at a seminar sponsored by MHA in Framingham on October 7.

Joanne Wade, R.D., dietitian for nutrition support services, discussed hospital malnutrition at a meeting of the New Hampshire Dietetic Association on November 12 in Concord, New Hampshire.

Mr. Lowry . . .

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ing Mr. Lowry's plans for pursuing his hobby of photography, gave him a gift on behalf of the Friends of the Deaconess consisting of several pieces of darkroom equipment including an enlarger for developing both color and black and white.

Other guests at the head table were former Chaplain Ralph A. Curtis, who gave the invocation; Henry C. Meadow, Associate Dean for Administration, Harvard Medical School; C. Vincent Vappi, chairman of the board, NEDH; Richard E. Lee, director; Charles K. Spalding, assistant director of maintenance and engineering; and Robert P. Simmons, executive director, St. Luke's Hospital, New Bedford.

Most of the speakers "roasted" Mr. Lowry with jovial accounts of his past 30 years, but the message which came through the laughter depicted the warmth and gentleness of a very dedicated leader.

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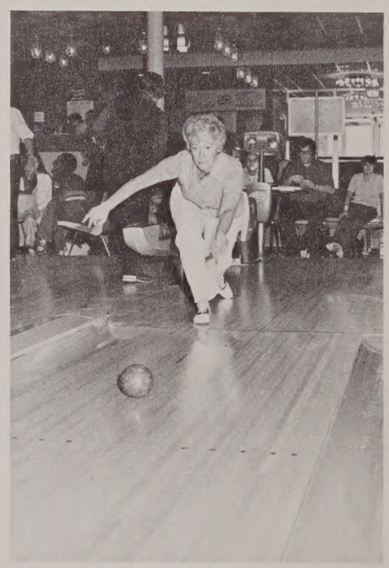
Mr. Lowry has also been feted at a dinner given by a group from surgical services, at a dinner with the department heads, and at a tea put on by the nursing service. The Medical Administrative Board after its December meeting presented Mr. Lowry with a gift for his many years of service as secretary to the Board, and he has received numerous cards and letters wishing him well in his years of retirement.



BOWLING COMPETITION TOUGHENS AS SEASON NEARS HALFWAY MARK. *Sammy White's Brighton Bowl is the site of some intense competition as the ten teams that comprise the Deaconess bowling league near the halfway mark in their season. The lead is constantly changing for the high single, high 3-string, and high average honors. Spiros Thomas, Bill Wambolt, Howard Izbicki, John Flattery, and Paul Case are emerging as the top team in Division A. Division B is being led by the team of Ann Glagovsky, Janet Saunders, Beryl Litner, Sheila Meek, and Lynn Hannafin. In the forefront of Division C are Mary Hennessey, Louise Sutherland, Larry Baker, Lorraine Daley, and Frank Donovan. Pictured is Shirley Hillson aiming for a strike to place her team of Nelson and Teri Fox, Dave Colleran, and Susan Aguair closer to the top spot in Division B.*

Health career seminar given to placement officers

At a health career seminar given at the New England Deaconess Hospital on November 20, members of the High School Placement Committee of the Eastern College Placement Officers Association were introduced to the many health careers available in a hospital.

"Scientific developments and the growth of hospitals and health centers have made health services the third largest employer in the country," said Pamela Dilday, employment counselor at NEDH. She coordinated the seminar with Ginger McCourt, assistant director of career planning and placement at Boston College, and Patricia Nash, career counselor at Southeastern Massachusetts University.

Pamela Dilday, employment counselor at NEDH; Ginger McCourt, assistant director of planning and placement at Boston College; and Patricia Nash, career counselor at Southeastern Massachusetts University; (pictured l.-r.) organized a health career seminar given at the Deaconess to college and high school placement officers.

After Ms. Dilday showed the slide presentations, "A Trip through the Deaconess" and "A Look at the Laboratories," representatives from the three areas of the Deaconess with the largest number of employees, the laboratories, nursing service, and dietetics, reported on the job prospects in their departments. These fields are constantly growing and in need of personnel for different levels and different types of jobs that require varying degrees of training and experience.

"In the laboratories a high school graduate with six months training in a pathology laboratory may enter the field as a histology technician," said Joanne Casella, MT(ASCP), chief medical technologist. "With an additional 12 months of education in an approved hospital school, he or she may become a certified laboratory assistant. A medical laboratory technician requires an associate's degree in science and a medical technologist requires a B.S. in medical technology, biology, or chemistry with one year of clinical internship.

An entry level position in nursing service is that of a nursing assistant. Lois M. Preston, R.N., associate director of nursing service, said that at the Deaconess the N.A. comes from a varied background in education and is trained at the hospital. A year's training program is necessary to become a licensed practical nurse. An R.N. must have graduated from a diploma school or two or four year college school of nursing. Nursing is constantly changing and requires continuing education to keep up with the advances in the field.

Patricia A. Keaney, associate director of dietetics, said that employment opportunities are favorable in the dietetics department of the hospital. A high school graduate with one year of vocational training is eligible to become a dietetic assistant. An associate's degree in a nutrition-related field is needed to become a dietetic technician. A dietetian requires a B.S. in foods and nutrition and an additional year in a traineeship or internship.

In each of these departments is the opportunity for upward mobility. A medical laboratory technician can go on to become a medical technologist. A nursing assistant has the opportunity to advance to an L.P.N. or an R.N. A dietetic assistant may choose to become more involved in the field and become a dietetic technician or a dietitian. With additional training and education, an entry level position can be the stepping stone to a more exciting career.

"There are many opportunities in the health care field," said Lee Pledger, employment manager at the Deaconess and a former trustee of the Greater Boston Personnel and Guidance Association. "But I suggest doing something in the field first before choosing a career in it. Make sure you like working in a hospital or clinic before involving yourself in a training program.

"Working in a hospital is not a '9 to 5' job. A hospital is open 24 hours a day, seven days a week. You must be able to work shifts," Ms. Pledger said. "In a hospital there are emotional demands not found in other employment situations. A person needs to be emotionally stable to deal with the pressures of working in crisis situations and with people who are very ill. You must be aggressive, but exercise caution and concern and be able to deal effectively with people."

A hospital is more than a health care facility. It is an industry. In addition to being nurses or laboratory technicians, employees may work in departments such as accounting, purchasing, maintenance and engineering, and building services.

The Deaconess is also an educational institution. Affiliated with the Harvard Medical School, the Deaconess has internship programs that also involve Northeastern University and Massachusetts Bay Community College. The hospital has its own School of Nursing, a training program for radiologic technologists, dietetic interns, and students of pastoral care. There is on the job training and continuing staff education.

In a hospital, there is something for everyone.

Doctors doings

Dr. Joseph L. Andrews, Jr., internal medicine and pulmonary diseases, NEDH and Lahey Clinic, was on the national editorial board for the special issue on health care in America and Scandinavia published in *Scandinavian Review* by the American Scandinavian Foundation. He presented the paper "Changing Epidemiology in Lung Cancer" to the American College of Chest Physicians on October 30 in Anaheim, California. His article "Diffuse Lung Disease" was a chapter in *Textbook of Thoracic Surgery*, published in October.

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Dr. Agnes Kim, pathology, has become one of the few specialists in the United States with specialty board approval in blood banking from the American Board of Pathology. The Deaconess has two pathologists with this special qualification. Dr. Randi V. Rosvoll was qualified by this board when the examination was first given.

* * *

Dr. Gorden F. Lupien, orthopedic surgery, has been elected president of the Massachusetts Federation of Physicians and Dentists.

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

pulse

The New England Deaconess Hospital is a 471-bed and 16-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the independent medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

PULSE is published monthly by the public relations department of the New England Deaconess Hospital.

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THE DEACONESS AT CHRISTMAS:

See page 4.

Mrs. George Dempsey (l.), president of the Friends and Mrs. Lauriston Ward, Jr., past president of the Friends at the Christmas Bazaar.

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